

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 04, 1999 8:00 am**  
**Secretary of State**

08-04-1999 90004 027 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000000939** ✓

1. Corporation Name

**NACT TELECOMMUNICATIONS, INC.**

Principal Place of Business

191 WEST 5200 NORTH  
PROVO UT 84604  
US

Mailing Address

191 WEST 5200 NORTH  
PROVO UT 84604  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/21/1997**

4. FEI Number

**87-0378662**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with; and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAWYER, THOMAS E	1.2 NAME	Eric F. Burr
STREET ADDRESS	191 WEST 5200 NORTH	1.3 STREET ADDRESS	191 W. 5200 N.
CITY-ST-ZIP	PROVO UT 84604	1.4 CITY-ST-ZIP	Provo Utah 84604
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. Strategic Development <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, A LINDSAY	2.2 NAME	Geoffrey Shupe
STREET ADDRESS	191 WEST 5200 NORTH	2.3 STREET ADDRESS	191 W. 5200 N.
CITY-ST-ZIP	PROVO UT 84604	2.4 CITY-ST-ZIP	Provo Utah 84604
TITLE	CEO <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V.P. Research & Develp. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, A LINDSAY	3.2 NAME	Gary P. Brown
STREET ADDRESS	191 WEST 5200 NORTH	3.3 STREET ADDRESS	191 W. 5200 N.
CITY-ST-ZIP	PROVO UT 84604	3.4 CITY-ST-ZIP	Provo Utah 84604
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V.P. Sales <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ODOM, STEVEN A.	4.2 NAME	Benjamin D. Winnie
STREET ADDRESS	945 E. PACES FERRY RD, STE 2240	4.3 STREET ADDRESS	191 W. 5200 N.
CITY-ST-ZIP	ATLANTA GA 30326	4.4 CITY-ST-ZIP	Provo UT 84604
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V.P. Facilities Management <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, HENSLEY E.	5.2 NAME	Gary Gibbs
STREET ADDRESS	945 E. PACES FERRY RD, STE 2240	5.3 STREET ADDRESS	191 W. 5200 N.
CITY-ST-ZIP	ATLANTA GA 30326	5.4 CITY-ST-ZIP	Provo UT 84604
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERGEL, MARK A.	6.2 NAME	
STREET ADDRESS	945 E. PACES FERRY RD, STE 2240	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30326	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Eric F. Burr** 7/26/99 801-802-3000

Date

Daytime Phone #

CR2E034 (5/99)